MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) SERIAL NO. FILING DATE APPLICANT(S) AS FILED AFTER AFTER
1st AMENDMENT 2nd AMENDMENT DEP. DEP. IND. DEP. DEP. IND. DEP. IND. DEP. δ3 TOTAL TOTAL MAY BE USED FOR ADDITIONAL GLARIE OR AVI. DUCKTER Patient and Tru-smark Office